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STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE PUBLIC RECORDS

11 SEP -2 AM 10: 33

	(See instructions)		Office use only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
MANCHIN FOR WEST	VIRGINIA			
	11111111	<u> </u>		
ADDRESS (number and street)	PO BOX 5202			
(Check if address				
is changed)	CHARLESTON		WV 25361	
		CITY	STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRE	,	•		
(Check if address is changed)	jack.rossi@afnetwo	rk.com		
hames 1		1111111		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
	www.joemanchinwv	.com	1	
(Check if address is changed)		1 1 1 1 1 1 1 1 1 1		
		<u> </u>		
2. DATE M.M. / D	2 6 2 0,1 1,			
3. FEC IDENTIFICATION NU	MBER	C C00486563	; •	
4. IS THIS STATEMENT	NEW(N) OR	X AMENDED (A)	<u>.</u>	
Les		tume:		
I certify that I have examined this St	atement and to the best of my kno	owledge and belief it is true, correct an	d complete	
Type or Print Name of Treacurer Jack Rossi				
Type or Print Name of Treasurer Jack Rossi				
Signature of Treasurer	Jones /	toosi	Date 0.8 3.8 20.7.1	
NOTE: Submission of false, effoneo		y subject the person signing this Stater TION SHOULD BE REPORTED V	ment to the penalties of 2 U.S.C. §437g.	
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		

FEC Form 1 (Revised 02/2009)

	ITE	OF GC	ommit rea (check one)				
	Cand	id <u>ate</u> C	Committee:				
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name Cand		JOE MANCHIN, III				
	Cand Party	idate Affiliati	ion DEM Office Sought: House X Senate President District 00				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Cand						
	Party	Comm	nittee: ,				
	(d)		(National, State (Democratic, Republican, etc.) Party.				
	Politi	cal Ac	tion Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
			Corporation Corporation w/o Capital Stock Labor Organization				
			Membership Organization Trade Association Cooperative				
			In addition, this committee is a Lobbyist/Registrant PAC.				
			This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
			In addition, this committee is a Lobbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint F	Fundra	ising Representative:				
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
		Com	mittees Participating in Joint Fundraiser				
			1. FEC ID number				
			2.				
			3. IIIIIIIIIIIIIIIII FEC ID number				
			4. FEC ID number C				

Write or Type Comr	mittee Name			-
MANCHIN FO	OR WEST V	RGINIA		
6. Name of Any C	onnected Org	ganization, Affiliated Committee, Join	nt Fundraising Representative, or	Leadership PAC Sponsor
NONE			11:11:11:1	
	<u> </u>	<u> </u>		
Mailing Address	i		1 1 1 1 1 1 1 1 1	
•				
		CITY▲	STATE A	ZIP CODE 🛦
Relationship:	Organization	Affiliated Committee	y Joint Fundraising Representative	Leadership PAC Sponsor
Full Name Mailing Address	Jack R	books and records. P.O. Box 5202		
		Charleston	wv	25361
Title or Position	V	CITY A	STATE.	ZIP CODE A
		<u> </u>	Telephone number	
		and address (phone number opti designated agent (e.g., assistant t		nmittee; and the
Full Name of Treasurer	Jack R	ossi		
Mailing Address	6	P.O. Box 5202		
		Charleston	<u>wv</u>	25361
Title or Position	٧	CITY A	STATE▲	ZIP CODE A

Telephone number _____ = ____ = ____

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Banks or Other Depositories: safety deposit boxes or maintai		ee deposits funds,	holds accounts, rents
Name of Bank, Depository, etc.	l .		[ADDITIONAL]
United I	Bank 		111111
Mailing Address	500 Virginia Street East		
		1	
	Charleston	w L	25322
	CITY 🛕	STATE 4	ZIP CODE 🛕
Name of Any Connected Org	anization, Affiliated Committee, Joint Fundraising Repre	sentative, or Lea	[ADDITIONAL] dership PAC Sponsor
		<u> </u>	
		11111	
Mailing Address			
		1 1 1 1 1 1	
		ا ليا	
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Repre	sentative Le	eadership PAC Sponsor
Designated Agent		· · · · · · · · · · · · · · · · · · ·	[ADDITIONAL]
Full Name			
Mailing Address			
			
Title or Position ♥	CITY A	STATE ▲	ZIP CODE &
 	Telephone	number	
Joint Fundraiser Participant		•	[ADDITIONAL]
<u> </u>	FEC	D number C	

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FEC Form 1 (Revised 02/2009)

Full Name of



Senate Public Records Office P. O. Box 2517 Alexandria, VA 22301



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DANA K, MCCALLUM SUPERINTENDENT

Hart Senate Office Building Suite 232 Washington, DC 20510–7116 Phone: (202) 224–0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:
HAND DELIVERED Date of Receipt
Date of Receipt
USPS FIRST CLASS MAILPostmark
USPS REGISTERED/CERTIFIED 08.30.11
USPS PRIORITY MAIL
Postmark DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL
USPS EXPRESS MAILPostmark
OVERNIGHT DELIVERY SERVICE: SHIPPING DATE NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS
UPS
DHL
AIRBORNE EXPRESS
RECEIVED FROM FEDERAL ELECTION COMMISSION
POSTMARK ILLEGIBLE \(\bigcap \) NO POSTMARK \(\bigcap \)
FAXDate of Receipt
OTHER Date of Receipt or Postmark
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